

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012394	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/02/2015
NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00166606 and IN00165636.</p> <p>IN00166606 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>IN00165636 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: April 2, 2015</p> <p>Facility number: 012394 Provider Number: 012394 Aim Number: N/A</p> <p>Census bed type: Residential: 112 Total: 112</p> <p>Census by payor type: Other: 112 Total: 112</p> <p>Sample: 3</p> <p>Sugar Grove Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00166606 and IN00165636.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE